

Problem drinking, gambling and eating – three problems, one understanding?

A qualitative comparison between French and Finnish social workers

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ABSTRACT

AIM – Culture is often used as a wildcard in cross-cultural studies. This article proposes a more diverse understanding of culture, as layered from “deep structures” towards institutional arrangements. It analyses which cultural levels are involved in Finnish and French social workers’ understanding of problem drinking, gambling and eating. **DESIGN** – A stimulated focus group method (Reception Analytical Group Interview) RAGI was applied to eight groups of Finnish and five groups of French social workers not specialised in addiction. The interviews were analysed with a semi-otic approach. **RESULTS** – Finnish social workers understand problem drinking, gambling and eating as rooted in society and harming the social environment. It is the individual’s responsibility to solve the problem. French social workers conceptualise only problem eating similar to problem drinking as being caused by an individual defect. They identify problem gambling as a social issue. **CONCLUSIONS** – The results imply that both the institutional context and structures deeper in culture influence how we conceptualise excessive behaviours. This shows the usefulness of a layered concept of culture. The article recommends caution in using “addiction” as an umbrella concept for all kinds of excessive behaviours, as the perception of each problem depends not only on culture, but on the different cultural levels. Problem gambling in particular seems to evoke multiple understandings.

KEY WORDS – addiction, problem drinking, problem gambling, problem eating, focus group, social work, Finland, France.

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Introduction

General practitioners (GPs) have different institutional contexts in Finland and in France and therefore use different strate-

gies when conceptualising problem drinking (Egerer, 2011): Finnish GPs, who work in health care centres with a population

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responsibility and loose doctor–patient relationships, focus more on the harm towards the social environment and feel less responsible for helping with the problem behaviour itself. French GPs are often long-term family physicians, who emphasise the suffering of the excessive drinker and consider it an obligation to help patients in their battle with alcohol dependence itself. Such an emphasis also implies that the traditional ways of handling alcohol problems and addiction still influence how these problems are perceived. GPs in Finland have never had a big role in addiction treatment, and alcohol problems are seen as a social issue (Takala & Lehto, 1992). In France, the medical profession has from the very beginning been heavily involved in the addiction field (Mossé, 1992).

Analysis of Finnish social workers' discussion on problem drinking has also recognised the influence of institutional arrangements, as actantial positions have been complementary to historically developed professional roles. A strong belief in the welfare state has also been expressed (Egerer, Hellman & Sulkunen, 2012).

However, in a study on Northern populations and their understanding of addictions, Hirschovits-Gerz et al. (2011) point out the impact of another, deeper cultural level than the institutional setting: the Finnish population seems to be more individualistic and expect that a greater amount of “guts” is demanded to triumph over an addiction. In their study of gambling images, Majamäki and Pöysti (2012) identified a similar emphasis on the importance of individual (intellectual) strength in beating the opponent, whereas the French participants in these focus groups expressed a more collectiv-

ist attitude, fantasising what they could do for their family if they won. Can these differences be understood as being parts of different underlying value climates in the two countries? Inglehart (1997) shows that France scores lower on a secular–rational dimension than Finland. The French population puts less emphasis on rationality and individual autonomy, and more on traditional values.

In light of the above studies, too, it seems more relevant to understand culture as a layered concept, which involves both a history in a certain space and several levels, such as gender roles (Sulkunen, 1992) and value climate, but also more concrete elements, such as the institutional organisation of primary health and social care in a (welfare) state. This article is interested in the different levels of culture and seeks to research the impact of these different levels on the meaning making processes of members in the cultures. I will identify different levels of culture in the analysis of the role of the cultural background in Finnish and French social workers' understanding of problem drinking, gambling and eating.

Theoretical frame

Culture with its different levels is a frame of thinking and acting. It offers models to understanding and interpreting bodily phenomena, states of intoxication, and eventually the whole world, which is normally taken for granted (Geertz, 1983; Schütz & Luckmann, 2003). What we know about the world is shared in language: the world can be understood as a story we tell about ourselves (Geertz, 1983). The knowledge of the world we live in can be called images (Boulding, 1956). Images structure the way we understand the world and therefore

how we act and react (Sulkunen, 2007).

Images governing drinking, gambling and eating are part of the living environment, on which we do not normally reflect. In this study, I will therefore use an exploratory method to examine social workers' images. The Reception Analytical Group interview (RAGI) uses film clips as interview stimulus in a focus-group situation (Sulkunen & Egerer, 2009).

Eight RAGIs with Finnish social workers (31 participants) and five RAGIs with French social workers (27 participants) were conducted. None of the participants had special training in addiction treatment. These social workers stand at an intersection between lay and professional knowledge on addictions. Social workers can be considered gatekeepers, as they often have first contact with problem drinkers and gamblers (less so with problem eaters) and have to decide what happens to their client, even if they have no special education in how to treat these problems. "Ordinary" social workers are not responsible for treating addictions either in Finland or in France (Satka, 1995; Thiry-Bour, 1996), and in both countries these general social workers work in a similar institutional context of municipal social care offices (in contrast to the differing practice setting of French and Finnish GPs (Egerer, 2011)).

Addiction is experienced differently depending on the space and the time, and the reactions tend to vary in different societies (Elster, 1999; Hacking, 1999). In contemporary western societies, the term addiction serves to explain a growing number of problem behaviours and consumption alike (Hellman, 2009). In scientific discourse, "addiction" has grown increasingly common in explaining such

things as problem gambling or eating disorders (Jacobs, Marston, & Singer, 1985; Orford, 2001; Davis & Carter, 2009). Supported by neuroscientific and genetic studies (Comings & Bloom, 2000; Kalivas & Volkow, 2005) the introduction of "addiction and related disorders" into the new version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) has been proposed, as has the inclusion into this category of "gambling disorder" (APA, 2012) as well as an understanding of obesity as a disorder of the brain (Volkow & O'Brian, 2007). However, what the current discourse ignores is the cultural boundedness of addiction (Room, 1985). Culture is normally understood as only one variable among others, which has an effect on the addiction. It is not seen as one of the core reasons for the existence of addiction. Levine (1978) describes how the appearance of the concept of addiction happened in a certain time and place and served the need in the emerging capitalist society to pathologise behaviours which in their extreme forms clash with the rationalised way of living in modernity. Elias (2005) demonstrates how, during the process of civilisation, external control was changed towards internal control. The responsibility to limit possibly harmful behaviours now lies with the individual. Brickman et al. (1982) looked at responsibility from two angles – responsibility for causing the problem and responsibility for solving the problem – and developed four ideal models of helping and coping: the moral model (responsible for both), the compensatory model (responsible for solving, but not for causing the problem), the enlightenment model (responsible for causing the problem, but not for solving it), and the medical

model (not responsible for either). Taking these models as a starting point, studies on Finnish population, treatment professionals and clients alike emphasise personal responsibility, in line mainly with the moral model and to a smaller extent also with the enlightenment model (Pennonen & Koski-Jännes, 2010; Koski-Jännes, Hirschovits-Gerz & Pennonen, 2012).

In this article I consider the understanding of the three problems as being influenced by three cultural levels: a) the institutional context of social workers, b) the country-specific way of understanding and handling addictions and c) the underlying value climate in the country. My hypotheses are (Table 1 and 2):

a) If the institutional context is the main influence for the understanding of the problem, the social workers in both France and Finland with their similar institutional contexts (where the social workers' task is to mediate between the

interests of the individual and those of the surrounding world) should understand the problem as harmful for the social environment and they should not feel responsible for treating the problematic behaviour itself.

- b) If the country-specific addiction model is the main influence, Finnish participants should conceptualise the problem as a social issue, whereas the French social workers will understand the problem as a medical issue and, as such, rooted in individual weakness.
- c) If the value climate is the main influence, we would expect Finnish social workers to ascribe more responsibility to the individuals to solve their problems and to show a more functional interpretation of the problem behaviour. French participants, on the other hand, would exhibit a less rational conceptualisation of the problem and demand less responsibility from the individual to solve the problem.

Table 1. Hypotheses for Finnish social workers' understanding of problems

FINLAND	Problem drinking	Problem gambling	Problem eating
Harm to	Other	Other	Other
Own position in treatment	No	No	No
Root of problem	Social	Social	Social
Responsible for recovery	Self	Self	Self
Explanation of problem behaviour	Functional	Functional	Functional

Table 2. Hypotheses for French social workers' understanding of problems

FRANCE	Problem drinking	Problem gambling	Problem eating
Harm to	Other	Other	Other
Own position in treatment	No	No	No
Root of problem	Individual	Individual	Individual
Responsible for recovery	Other	Other	Other
Explanation of problem behaviour	Less functional	Less functional	Less functional

It is obvious that these three cultural levels are interrelated and not exhaustive and only constitute a part of the complex arrangement called *culture*. I distinguish them in this article with the understanding that “culture does not simply exert a determining influence” (Pfau-Effinger, 2005, p. 6) on conceptualisations, and in order to keep these multifaceted interactions manageable.

To understand addiction as being rooted in culture does not imply a denial of the existence of underlying biological mechanisms. Elster (1999) separates between proto addiction, the mechanisms in the body, and proper addiction, which is how we conceptualise these mechanisms and their outcomes. Looking at the levels of culture, the aim of this paper is not to comment on possible ontological similarities or differences between proto addictions

(Kalivas & Volkow, 2005; Bühringer, Kräplin & Behrendt, 2012). Still, a better understanding of proper addiction is needed in order to comprehend the phenomenon of addiction in its full extent.

Method and data

The Reception Analytical Group Interview RAGI (Sulkunen & Egerer, 2009) uses film clips as items in a survey, presenting comparable stimulus in the interview groups in both study countries. The interview situation serves as a place not only for expressing participants’ attitudes, but also as a place of reception, as participants relate what they see to their own knowledge. I used nine film clips, three for each topic (alcohol, gambling, eating) with themes of loss of control, neglect of family and relapse/cue-dependency (see Table 3). An addict reacts towards a cue without cogni-

Table 3. Film clips used as stimulus in the interview groups

	Alcohol	Gambling	Eating
Loss of control	The Happy Alcoholic (UK: 1984): After a night of heavy drinking Alun’s first walk leads him into the yard and to his hidden bottle. Heavy coughing and choking does not prevent him from taking a big draught of spirits.	Owning Mahowny (CAN: 2003): Dan Mahowny, a banker, continues to gamble and loses everything, although he has already “busted” one table. The crowd around him turns away.	Pullahiiri (FIN: 1989): Taina, a teenage girl, gets up at night to get a cake from the fridge. In her bed she eats the whole cake, although she does not feel good. Afterwards she goes to the bathroom and makes herself vomit.
Neglect of duty	Once Were Warriors (NZE: 1994): Jack spoils his family’s Sunday trip by getting drunk in a bar. His wife and kids wait in the car, but he ignores them and continues drinking with his friends.	Bord de mer (F: 2002): Rose wins the jackpot and promises her son to quit gambling. She returns nevertheless and loses her house, which was intended to be the son’s inheritance.	What’s Eating Gilbert Grape (USA: 1993): Gilbert’s mother is abnormally obese. She orders Gilbert to get his younger brother off a tree, instead of getting up herself.
Cue-dependency/Relapse	16 Years of Alcohol (UK: 2003): Frankie starts to drink again after his girlfriend has left him. While drinking he reflects on his struggle.	Going for Broke (USA: 2003): Laura does her shopping. The fruit in the shelves remind her of gambling and she stops by the slot machine in the shop and loses all her money. She has to leave her shopping behind.	I Want Someone to Eat Cheese with (USA: 2006): James takes flowers to his new girlfriend. She tells him that she is leaving him because he is too fat. James buys sweets and eats them alone.

tively reflecting on it (Elster 1999). In considering the importance of the stimulus in my research design, I chose the clips out of over 150 fiction films, aided by colleagues and two trial interviews with students, and analysed the interview vignettes by using the same semiotic tools as for the analysis of the interviews (Törrönen, 2002; Egerer, 2010).

To ensure comparability, the interview follows a rigorous protocol: the clips are always shown in the same order, and the participants are given the same amount of time to discuss them (Sulkunen & Egerer, 2009). The interviewer is not involved in the discussion, but merely gives an introduction and runs the clips from a DVD with subtitles in French or Finnish. The interviews were video-recorded and transcribed verbatim. Each participant gets a description of the study and the interview design, a questionnaire for basic biographical data and a list of orienting questions (see Appendix). These questions serve to “designate the narrative terrain” (Holstein & Gubrium, 1995, p. 76), and we told the interviewees specifically that they did not need to answer these questions one by one or at all. The questions were there to help to start the discussion and to keep it going.

In Finland, we interviewed eight groups of social workers (31 participants) between May 2008 and May 2009 in the Helsinki metropolitan area and in Tampere. In France, the five focus-group interviews (27 participants) took place between February 2010 and February 2011 in the “Île de France”, Paris. The groups had between two and seven participants. A group with only two participants can be problematic, but we conducted the interview instead of sending the interviewees home. This in-

terview took 94 minutes and was therefore not shorter than the interviews with bigger groups and fulfilled our aim of 90–120 minutes. Depending on the recruitment strategy (advertisement in social work profession journals and contact to head of social offices), the interview groups were either natural groups (colleagues) or gathered groups with participants who did not know each other. The sample is a convenience sample.

In both countries almost all group participants were women (27/31 Finland and 26/27 France), which reflects the sex ratio in social services (THL, 2009; Bessin, 2005). In Finland, 12 of the participants were working in adult social work, four in family services, three in childcare and the rest in various other contexts. In France, ten social workers had a position in the health and disability area, seven in general social work and the rest in other areas. The contexts the social workers came from thus differs between Finland and France. The other limitation is that the social workers all came from urban areas. Social workers from rural areas have to take care of more diverse tasks than in cities, which have more specialised social work offices (Horsma & Jauhiainen, 2004). More representative and comparable samples should be the goal in future studies.

Analysis

I coded the transcribed interviews in the original language using MaxQda software.

The first step was to use broad categories to structure the interview material for a more thorough analysis. The codes used in this first step were “sociologically constructed codes” (Strauss 1987, p. 33) based on the three cultural levels and their five

Table 4. Frequency of quotations coded under themes

	Problem drinking		Problem gambling		Problem eating	
	FINLAND	FRANCE	FINLAND	FRANCE	FINLAND	FRANCE
Harm to	224	208	181	140	166	174
Own position in treatment	75	38	19	16	33	4
Root of problem	30	47	94	82	25	47
Responsible for recovery	120	108	69	54	25	47
Explanation of problem behaviour	56	46	39	1	59	32

indicators of impact: a) harm towards whom, b) own position in treatment as social worker, c) problem root, d) responsibility for solving the problem, e) explanation of problem behaviour.

The second phase was a surveying step pursuit (Silverman, 2001), comparing the number of quotations coded under each particular theme (Table 4). Quotations vary in length as they consist of one uninterrupted statement of a participant. This kind of overview remains tentative. Knowing how often participants mention a topic does not explain what they really talk about.

Therefore, a more thorough analysis follows in the third step of which the most illustrative examples are presented in the results section. The interviews were analysed as social workers' stories about problem drinking, gambling and eating. In the analysis, the stories are separated into two different dimensions (Sulkunen & Törrönen, 1997b). Within the dimension of utterance, the social workers talk about the three different problems, the way they think they have seen them in the clips and in the world outside. Second, there is the enunciative dimension, which consists of the narratives about their image of the speaker, that is, how they position themselves in relation to the narrative told in the dimension of utterance. A social work-

er may be angry about the harm the drinker causes the family or may rationalise and attribute a functional explanation to the drinker's heavy consumption (Sulkunen, 1992), understanding drinking as a way of coping with one's problems. Such an explanation also includes an evaluation of how far it is acceptable and often involves an emotional reaction of the speaker, as in the example above. The personal involvement in one's narrative is established by the modalities of will, obligation, ability and competence (Sulkunen & Törrönen, 1997a). In a similar way as one can identify the use of modalities in the stories told in the stimulus clips, they can be recognised in the narratives the participants tell each other, themselves and us. These modalities are not either/or qualities, but have to be understood as a continuum, between, for example, the will of a reasonable gambler to stop before using money needed for others things and the loss of control of a gambler who continues although he/she has promised otherwise. The attribution of missing will, or failed obligation, as in such examples, is often used as a sign of addiction (Sulkunen, 2007).

Results

Finland – Alcohol

Egerer et al. (2012) have described Finnish social workers' conceptualisation of

problem drinking (Table 5) as follows: Social workers emphasize the social harm of problem drinking and see an obligation to tackle these problems; if necessary also by limiting the drinker's autonomy. The drinker is not in the focus of their help. The problem drinking is rooted in what Alexander (2000) would call a "dislocating" society, where individuals are psychosocially insufficiently integrated. The drinking is a way of coping in the wrong way, but remains understandable, as long as the social workers can see a function in it.

Finland – Gambling

Similar to the conceptualisation of problem drinking, the harm the gambler places on his/her close ones takes an important part in the social workers' discussions, as the following quote on *Going for Broke* illustrates:

"I5: Well, hungry you do get. There are those kids that remain hungry, 'cause the mother is gambling all the money away." (Finnish social workers, Group 3)

Moreover, the source of gambling money is an important indicator of problem gambling for the social workers. It is less of a problem if the gambling money does not jeopardise one's obligations, as in the clip of *Bord de mer*:

"I2: And on the other hand, it's not the boy's heritage before the mother is dead. The mother can do whatever she wants with the money." (Finnish social workers, Group 8)

Money can be understood as the enabling (or disabling) agent for the gambler and it therefore plays a crucial role also for interventions. This may be why Finnish social workers discuss measures that will restrict the freedom of the gamblers themselves. Limiting the available money for gambling is seen as a suitable way to prevent problem gambling.

"I3: Yeah. With this type the bankruptcy could be prevented, so that there is a weekly money in use, which can be used for food. I doubt it can be helped otherwise.

I6: And if houses are already lost, possibly some kind of social office service account, money once a week on the account." (Finnish social workers, Group 7)

Here, social workers point out where they see a possibility for their own profession to help the problem gambler. The Finnish social workers discuss a society which is too liberal and individualised as an excuse for alcohol and gambling problems alike. People are left alone, without any outside help.

"I4: I guess this kind of detachment, which kind of is that people leave their roots and are kind of, there's an awful lot of lonely people. You can't really do anything, although you see that they are destroying themselves. But you can't do anything because this right of autonomy has gone a bit too far. People don't dare to interfere with it that way no more. In the old times all the family was there to support..." (Finnish social workers, Group 5)

The strong belief of Finnish social workers in the welfare state adds another layer in the critique of modern life. The alcohol and gambling monopolies are considered good things. Internet gambling escapes the nation state's efforts to support its citizens.

When debating recovery, the social workers emphasise that the will of the problem gambler is as important as that of a heavy drinker. Without the problem users' own will, all outside help is in vain:

"I6: Yeah. Should somebody do something about it? Well, there was already something done. I think the casino employee already tried there. But the decision is made by the person himself and he chose it then this way."

(Finnish social workers, group 7)

Finnish social workers explain excessive gambling, as heavy drinking, as a way of "wrong coping". A closer look reveals how "wrong coping" in the context of gambling is different: gambling is less a medication of problems, but instead a wrong way of filling one's life with something positive:

"I1: It's interesting this gambling dependence [*riippuvuus*], so that it's a kind of positive dependence [*riippuvuus*], it's about finding the positive experience somehow, whereas alcoholism can be about numbing or releasing anxiety. It's supposed to be about good spirit or mood as well, but gambling is to feel like I succeeded and that I'm good." (Finnish social workers, Group 6)

Alcohol and gambling are both functional instruments, but gambling serves as a

surplus in ordinary life, where one can achieve success by one's individual gambling competence. Alcohol instead helps to correct a problem in order to achieve the normal state, to reach a competence the drinker otherwise lacks.

Finland – Eating

The innocent (child) is an important part of the Finnish social workers' discussion on problem eating. Consequently, the mother in *What's eating Gilbert Grape* raised negative reactions because of her neglect of her children:

"I4: Somehow it showed the terrible self-centredness, which is connected with dependence [*riippuvuus*]. Maybe most clearly here the self-centredness that me, me..."

I3: She was a bit like a bee queen that kills..." (Finnish social workers, Group 1)

Handling the eating problem therefore places the emphasis on helping the children. This attitude is similar in the case of alcohol problems, although coercive interventions are not specifically mentioned in relation to problematic eating, as they are for protecting the children from the drinking father.

"I4: Maybe something to which society could react, would be Gilbert Grape. If this mother doesn't take care of certain parental duties or like that, then maybe someone could come and help with the children's matters.

I3: I was just thinking how child protection would interfere here.

I4: Yeah, I would have already or-

Table 5. Results of Finnish social workers' understanding of problems

FINLAND	Problem drinking	Problem gambling	Problem eating
Harm to	Other	Other	Other
Own position in treatment	No	No	No
Root of problem	Social	Social	Social
Responsible for recovery	Self	Self	-----
Explanation of problem behaviour	Functional	Functional	Functional

ganised home service there, so the children could live a child's life. Of course the mother could be motivated to take care of her health, but that could be quite some work.”
(Finnish social workers, Group 6)

Except for helping the children the group participants do not discuss much how to proceed with the problem eater and do not specifically demand a demonstration of the problem eater's will to solve the problem. The participants state that they have no contact with such problems in their daily practice, and social workers in Finland are also not expected to be agents in treating problem eating (Syömishäiriöliitto, 2012). The participants do not consider it their obligation to help the problem eater, but instead understand problem eating more as a medical problem, which should be handled accordingly.

The reason put forward, and why the problem eater can be excused for his/her inappropriate behaviour, lies again in the modern society, but it is different from problem drinking and gambling:

“I1: Right, that's important to note there, if you think how thinness is nowadays so incredibly popular. It's downright sick and for sure affecting partly also anorexia.
I3: Yes, absolutely!

I2: And indeed from childhood onwards ideals are followed, dressing children as these kinds of mannequins and imitating adults. So the environment would have a lot to do in many things.”
(Finnish social workers, Group 4)

Here it is not a dislocating society which demands everyone to “be oneself” (Ehrenberg, 2004) that is the excuse for the problematic eating behaviour, but the very opposite. The external societal pressure to be slim is considered the cause of the problem.

What is on the other hand similar to the understanding of problem drinking is the explanation of excessive eating as a wrong coping with life's frustrations.

“H2: There the mother was the eater. She ate because of some kind of sorrow.”
(Finnish social workers, Group 2)

Excessive eating, too, serves as an instrument to medicate bad feelings and, less than gambling, to prove one's competence and achieve good feelings.

Finland – Summary
“Harm towards others” has a prominent role in the discussions on all three problems. Finnish social workers see neglect of

family obligations as one of the main indicators for problem drinking, gambling and eating alike.

When conceptualising the three problems, Finnish social workers explain the problematic behaviours functionally as a form of (wrong) coping with life's challenges. However, excuses for this wrong coping differ: the heavy drinkers and gamblers are led into their problem, because they live in a dislocating society where the welfare state no longer has any power. Consumer freedom and autonomy of the individual have rendered each person responsible for their own fate. No one is allowed to interfere unless someone else is hurt. Eating disorders are similarly rooted in society, but in the opposite way: too much external pressure on the individual trying to fulfil the norms of beauty causes the problem.

The understanding of the three problems is more diverse when we talk about the handling strategies: whereas children of heavy drinkers should be protected, even by violating parental autonomy, the interventions proposed to protect the children of the obese mother are less severe. In gambling, possible coercive measures are instead targeted directly towards the problem gamblers, disabling them from gambling. In both problem drinking and problem gambling, the individuals are themselves responsible for their recovery.

France – Alcohol

Similar to the reasoning of French general practitioners (Egerer, 2011), the suffering of the drinkers themselves is an important matter in French social workers' speech.

"I: Well, in the first clip it is more the ill-being of the person that is really...

that is not well, while I didn't feel it in the second one. You could see in the first picture he is someone who was not well! You could see it on his face! But in the second picture, it was more like a game..." (French social workers, Group 1)

This focus on the individual suffering may also explain why these French social workers only seldom debate the protection of the children. Instead, the social workers see it as a possible obligation to be involved in the treatment of the dependent person. However, they discuss a possible distinction between deserving and non-deserving problem drinkers:

"I5: For me, the problem is not the first [character, that is, *The Happy Alcoholic*]. He, I would say he is an alcoholic! But well, he is disgusting, he is... For me he is super suffering! I want him... he really should be helped there! Because in my opinion, that guy is going to die! He is the one who needs more help, and now, because he is in a declining state. However the other one, for me, you really don't feel to... he really represents the alcoholic... [said with disgust]

I4: You wouldn't feel like helping him!!!

I7: I personally think he really needs to be helped, as the others.

I5: Yes, he needs to be helped but, but... he got on my nerves!

I3: He is more disturbing because there are children!"
(French social workers, Group 3)

In this issue they are closer to their Finn-

ish colleagues: what separates a “non-deserving” drinker from a deserving drinker is the neglect of family obligations. This becomes obvious in the French informants’ emotional involvement. Interviewee No. 5 finds the alcoholic father annoying, but acknowledges that he needs help despite his neglect of the family.

The French social workers excuse the heavy drinker not with societal circumstances. Rather, he “has a disease” and is powerless to fight the compulsion. The weakness lies in the person.

“I3: For me, it’s not at the same level! We tend to think of alcohol as a disease. About an alcoholic, we would say he’s sick. But when someone is smoking, he smokes..., he’s not a sick person. We’ll consider him a sick man if he gets a disease. But for the alcoholic, we’ll initially consider him a sick person, just because he has a problem with alcohol!” (French social worker, Group 3)

In their stories, French social workers construct problem drinking by using the modality of will, or rather, missing will. In comparison, Finnish social workers talk about alcohol problems as a failed obligation. What unites social workers in both countries is the understanding of drinking as a way of fixing a problem, that is, self-medication in a wide sense.

“I4: Yes but he looked already very bad! The way he was speaking, we could feel it...”

I5: Or else it was a kind of breakdown, and alcohol became a kind of medicine!”
(French social workers, Group 2)

Although French social workers are willing to help the problem drinker, they also discuss how complicated this work is and place the responsibility for quitting the problem drinking on the individual.

“I6: It’s complicated to help someone who is alcoholic!

I4: He must first admit he is!

I6: Yes. And he must agree to be treated! As long as he doesn’t agree...”
(French social workers, Group 4)

France – Gambling

The most striking finding in French social workers’ debates is the lack of any functional explanation of the problem; they do not understand problem gambling as a form of wrong coping or self-medication. Instead they integrate the reasons for problem gambling into their narrative of glamorous and pleasurable gambling (Majamäki & Pöysti, 2012). The thrill of gambling is well understandable, and the group participants take the position of the problem gambler by acknowledging being prone to excessive gambling themselves.

“I3: That’s it! If you win, you wish to... That’s the reason; I said there is something in gambling that is ..., I think you have a kind of adrenalin, a pleasure!

I5: Did you never try a slot machine? Because with slot machines, I... , I never go to a casino but with a 20-euro note.” (French social workers, Group 3)

Also, when looking for possible excuses for improper gambling, a huge difference emerges in the conceptualisation of problem drinking and eating in France. French social workers find the gambling problem

mainly a social issue, not based in the individual. It is the people around the problem gambler, as in *Owning Mahowny*, who encourage him to continue.

"I3: And moreover, you can see it in the beginning when he wins! Everybody around is happy!

I4: Yes everybody cheers for him.
(French social workers, Group 5)

Furthermore, the media portrays a positive image of gambling and does not inform about gambling risks in the way they do with alcohol and tobacco.

"I5: Yes, but on TV, they speak about tobacco, alcohol..., but they never speak about gambling! In the movies, you even feel it's rather fine... It's super in the movies, you win money, you... There are no problems..., no one speaks about that.

I6: Yes, we are no longer allowed to show advertising for alcohol, but on the other hand, about gambling..."
(French social workers, Group 3)

Implicitly, this is also a hidden critique of the state, which becomes more concrete in the following quote where the participants raise concerns that it is too easy to get access to gambling venues.

"I4: I say that in the same way that people change their addictions [*l'addictions*], so society can help them to change too... by stopping slot machines for example... it has certainly been a very positive thing. It helped not to find a place to gamble beside home! But there are computers and

you can gamble online! But everybody hasn't got a computer!

I1: By the way, it keeps some people away from it! Because to play online is not for all, because it means to have a credit card already! And a credit card that allows online debit. So it's not for all, while on slot machines, anyone can gamble! Even homeless people can gamble!

I4: We can consider that for prevention, it's positive! There it's prohibition!"

(French social workers, Group 1)

In addressing gambling availability the group participants are close to the Nordic alcohol discourse and in fact favour restrictions (Bruun et al., 1975).

While the gambling problem originates in society, it is the individual who suffers. And while the Finnish social workers are concerned about the hungry children of the gambling mother in *Going for Broke*, in France the mother's pain is the issue:

"I2: You have pleasure first, but then, it gets down fast. Above all if you've lost and if you've nothing left. You can see it with the lady who counts her coins!..., there you see at once her reaction! Her eyes show amazement, she is... There you can see her suffering. You could see it before but at that moment, it is much more..."

I5: In any case, it's real suffering."
(French social workers, Group 3)

French social workers do not discuss ways of recovery from problematic gambling very eagerly, and do not demand that the problem gambler start the recovery pro-

cess. Instead they put their hope in society and prevention. In prevention they see a possibility for their own profession, but do not specifically discuss an obligation to get involved.

France – Eating

Problem eating is unacceptable if it jeopardises an important obligation towards the family. In this matter, the French social workers are surprisingly similar and describe the obese mother in almost the same words as their Finnish colleagues:

“I3: As for the fat lady, everything turns around her. The queen mother! They bring food to her, she doesn’t go out anymore, she calls and they have to come!

I6: As a queen in a beehive!”

(French social workers, Group 2)

Nevertheless, the French characteristic of focusing on the suffering individual is also evident in the debates on problem eating. The mother may be wrong in letting herself eat so much, disabling her body from fulfilling her motherly obligations, but the French social workers discuss her suffering all the same.

“I1: The whole responsibility lies with the children! Well, I feel the suffering, too... That impulse to eat, eat, eat!!! And then to be no more able to stop!

(French social workers, Group 5)

The treatment of problem eating in France is mainly based in the medical and psychiatric field (Arthuis & Duché, 1999; Ministère du travail, de l’emploi et de la Santé, 2011). Social workers are therefore not involved. Similar to the Finnish social

workers, the French social workers do not see an obligation to treat a problem eater. Instead the best way to recover is to get oneself together and believe in oneself. It is a matter of a problem eater’s will to do something about it.

“I7: Maybe he’s fat because he eats! So when he has said that, then he goes back to square one! Because actually, his relation to food...

I6: Well there are two positions! He can be actually fatalistic and reflects ‘She doesn’t love me, I’m fat, women will never love me, and so I’m eating!’... As it’s his pleasure! And on the other hand, he can reflect... ‘She thinks I’m fat, so I’m going to do sports’.”
(French social workers, Group 2)

It is the problem eating individuals’ task to choose a better way of coping with their problems instead of medicating them with eating.

“I: I drink because I have a problem!
I: And for the lady, it’s the same!”
(French social workers, Group 1)

The situation is different, the social workers feel, if the problem eater is a child or teenager. Growing up is a difficult thing, and during this process one may end up with a problematic relation to food.

France – Summary

Similar to French GPs, French social workers mainly focus on the suffering individual drinker, gambler and eater. Problem eating is an exception in this regard (to some extent), where the harm towards the social environment is also an issue.

Table 6. Results of French social workers' understanding of problems

FRANCE	Problem drinking	Problem gambling	Problem eating
Harm to	Individual	Individual	Individual and other
Own position in treatment	Yes	No	No
Root of problem	Individual	Social	Individual
Responsible for recovery	Self	Other	Self
Explanation of problem behaviour	Functional	No	Functional

It is only with problem drinking that the participants see it as their responsibility to help with the dependence problem itself. While they see a possible role for themselves in gambling prevention, this does not apply to the actual treatment of problem gambling. Problem eating lies outside their professional scope and is discussed by very few in terms of their own position.

The perceptions of the root causes of problem behaviour vary the most for problem gambling. Whereas problem drinking and eating are mainly a matter of the individual, problem gambling is attributed to the social circumstances. Problem gambling is also an exception when it comes to the explanation of the behaviour, since French social workers refer to a compulsion inherent in the individual as an explanation for problematic drinking and eating, but rather integrate gambling into their own narrative of pleasurable and glamorous behaviour.

Finally, problem drinking and eating are also more similarly conceptualised when it comes to quitting the problem. Whereas quitting problem gambling is not a topic in French social workers' discussion, the solving of the other two problem behaviours is in the hands of the individual.

Conclusion and Discussion

I started this article by asking what cultural levels can be identified in the conceptu-

alisation of three different problems in two different contexts (Finland and France) and raised three hypotheses (Table 1 and 2). Comparison of the premises with the results (Table 5 and 6) shows that the hypotheses were proved right for a large part of the Finnish discussions. It was only the problem eater who was not discussed as being responsible for solving his/her problem. I consider this less a matter of a differing ascription of responsibility, but more a matter of missing interest in the topic: social workers lack experience with this problem (due to the institutional context). Even if the Finnish understanding of the three problems seems to be as expected, there is a significant difference when one looks deeper: although the participants may not feel obligated to help with the problem itself, they target their help to different goals. In problem drinking and eating, they wish to help the children and the family, but with problem gambling, the social workers hope to help the gamblers themselves. This could mean that the institutional context of social work has only a minor influence on the understanding of problem gambling, while another level of culture has a bigger impact. But it could also relate to another facet. Social workers are expected to help their clients in financial problems, and a gambler who is broke could therefore be a target of social work.

In terms of the French results, my hy-

potheses turned out to be less accurate. For problem drinking only the individual weakness and disease as the root of the problem seems to have confirmed the hypothesis. This has thereby substantiated my indicator of the influence of the country-specific addiction handling system. An explanation for this outcome may be that in problem drinking, which is the model addiction, the handling system has the strongest impact on participants' concept of the problem. Also GPs in France show a focus on the suffering patient, but in a significantly different institutional context than the social workers (Egerer, 2011). This stronger identification with the suffering of the drinker probably also strengthens the wish to help that person directly, which can be seen in the acknowledgement of an obligation to help with the problem drinking itself. The problem-solving ascription and seeing problem drinking as self-medication do not match my hypothesis. The more traditional value climate in France, which embraces the family and rejects divorce and suicide, for example (when compared to Finland) (Inglehart, 1997), obviously has less of a direct effect. Problem eating, too, yields unexpected results in France. Here, the French eating culture may complicate the picture, since the problem eater endangers the "convivialité" of the meal (Fischler & Masson, 2008). This may also explain why the adult problem eater is seen so negatively. Social harm becomes an important issue, and group participants do not understand why these eaters cannot pull themselves together. Therefore, possible ways of recovery are viewed quite similarly in Finland and France, emphasising the will of the individual.

Policy traditions, such as handling the problem by limited availability, can be spotted in the discussions, especially when looking at alcohol in Finland and gambling in France. Even if France has more severe availability restrictions on gambling than Finland (Matilainen, 2006; Valkama, 2006; Jaakola, 2009; Valleur, 2009; Järvinen-Tassopoulos, 2009), the French social workers discuss the liberal availability as a failure of the state. Problem gambling in France constitutes the most interesting case. Whereas Finnish social workers do not conceptualise problem drinking, gambling and eating on a general level as very different from each other, and French social workers have similar perspectives on problem drinking and eating, gambling stands out. For the French participants, problem gambling is rooted not in an individual weakness, but in a society that both glamorises gambling and does not warn of the dangers of the thrill. A non-substance-based misbehaviour, such as problem gambling, does not fit into the medical understanding of addiction in France. Therefore, in this case, the particular gambling culture where people play for fun instead of competition, and dream of big wins and having some time off, seems to have a stronger impact on how French social workers understand problem gambling (Järvinen-Tassopoulos, 2009; Majamäki & Pöysti, 2012).

What remains an intriguing topic is the French social workers' focus on personal harm especially in the case of socially rooted gambling. Previously (Egerer, 2011), one possible explanation for the focus on the suffering of the problem drinker has been the different institutional context of primary health care in Finland and

France. Such a difference does not exist for the social workers. Is there something else in the cultural setting of France which makes people focus more on personal harm than on the harm caused to others? The world value survey places France more in the “traditional” and “Catholic Europe” camp (Inglehart, 1997), and it may be that the less “traditional” a country is the less an intrusion into other person’s integrity is accepted (Sulkunen, 2009). Or is the professionalisation of social work in France, linked to health concerns and hygiene (Guerrand & Rupp, 1978), a factor contributing to this concentration on the individual suffering?

This article presents an analysis of a group of interviewees’ views and gives only a first insight into French and Finnish ways of conceptualising the three problems. The identified images of problem drinking, gambling and eating say little if anything about underlying (biological) similarities between the problem mechanisms. Nevertheless, I consider the results of this study relevant for the debate on the concept of addiction. I am concerned about its growing use as an umbrella con-

cept especially in non-substance-based problems. Not only is addiction culture bound (Room, 1985), but culture-level-bound. This complication makes a blanket concept of addiction even more problematic, and there is a risk that “addiction” turns into an empty shell.

This article shows that the approaching of cultural comparisons by using cultural levels can be a fruitful method. Instead of explaining cultural differences tautologically by culture, a more useful explanation is possible that opens the door for a more interrelated view on culture and welfare arrangements (Pfau-Effinger, 2005). Questions remain, and by involving more cultural and societal levels of the drinking, gambling and eating culture a more accurate picture can be achieved.

Declaration of Interest None.

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APPENDIX

Orienting Questions

- a) What happens in the scene and who are the persons in the film?
- b) What happened before this event?
- c) What happens immediately after it?
- d) How does the same person appear ten years later?
- e) Can something like this happen in real life?
- f) Should someone do something about the shown problem?

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